

**FAITH FARM MINISTRIES**  
**Release and Wavier of Liability**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT WHICH  
AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_(the "Resident") in favor of FORT LAUDERDALE RESCUE TABERNACLE, INC. a Florida nonprofit corporation, d/b/a FAITH FARM MINISTRIES, and their respective directors, officers, employees, volunteers, representatives and agents (collectively, "Faith Farm").

Resident desires to participate in the resident recovery program at Faith Farm and has voluntarily sought to engage in the activities related to being a Resident (the "Activities").

Resident hereby freely, voluntarily, and without coercion, inducements of any kind, or duress executes the Release under the following terms:

**1. Release and Waiver.** Resident does hereby release and forever discharge and hold harmless Faith Farm and its successors and assigns from any and all losses (including without limitation, indirect, special and consequential loss or damage), liabilities, claims, causes of action, and demands of whatever kind or nature, either in law or in equity, notices or orders, fines, penalties, costs, all foreseeable or unforeseeable damages and attorneys' fees which arise or may hereafter arise from the undersigned Resident's participation in the resident recovery program and Activities with Faith Farm.

Resident understands and acknowledges that this Release discharges Faith Farm from any liability or claim that Resident may have against Faith Farm with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Resident's Activities with Faith Farm, whether caused by the negligence of Faith Farm or its officers, directors, employees, or agents or otherwise. Resident also understands that, except as otherwise agreed to by Faith Farm in writing. Faith Farm does not assume any responsibility for nor obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

**2. Medical Treatment.** Except as otherwise agreed to by Faith Farm in writing, Resident does hereby release and forever discharge Faith farm from any claim whatsoever which arises or may hereafter arise on account of any first aide, treatment, or service rendered in connection with Resident's Activities with Faith Farm.

Resident further authorizes Faith Farm to seek or obtain necessary medical attention and/or treatment on their behalf in the event of an accident or illness to Resident while on the Faith Farm premises or in the Faith Farm offices.

**3. Assumption of Risk.** Resident understands that the Activities may be hazardous to Resident. Resident hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Faith Farm from all liability for personal injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** Resident understands that, except as otherwise agreed to by Faith Farm in writing, Faith Farm does not carry or maintain health, medical, or disability insurance coverage for any Resident. Resident acknowledges that by participating in Activities of Faith Farm, Resident does not become eligible for any benefits under Workers' Compensation as a result of physical injuries sustained.

Each Resident is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. **Photographic Release.** Resident does hereby grant and convey unto Faith Farm all right, title, and interest in any and all photographic images and video or audio recordings made by Faith Farm during Resident's Activities with Faith Farm including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Resident expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Resident agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

The undersigned has fully read this Release, understands and agrees to the above terms.

IN WITNESS WHEREOF, Resident has executed this release the day and year first above written.

Witness:

\_\_\_\_\_  
Signature of First Witness

\_\_\_\_\_  
PRINT Name of First Witness

\_\_\_\_\_  
Signature of Second Witness

\_\_\_\_\_  
PRINT Name of Second Witness

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
PRINT Name of Resident

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF PALM BEACH / BROWARD / OKEECHOBEE**

The foregoing instrument was acknowledged and subscribed before me by \_\_\_\_\_,  
Resident, who is personally known to me or who has produced \_\_\_\_\_ as  
identification.

My commission expires:

\_\_\_\_\_  
Signature of Notary Public